

*Patricia Booker*

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/598811							
						APPLICANT(S)							
<i>6/25/97</i> <b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2	1					52							
3	1					53							
4	3					54							
5	3					55							
6	3					56							
7						57							
8						58							
9						59							
10						60							
11						61							
12						62							
13						63							
14						64							
15						65							
16						66							
17						67							
18						68							
19						69							
20						70							
21						71							
22						72							
23						73							
24						74							
25						75							
26						76							
27						77							
28						78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1	↓	4	↓		TOTAL IND.		↓		↓		↓	
TOTAL DEP.	23	←	19	←	←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	24		23			TOTAL CLAIMS							